## Attachment C Estimated Cost Schedule Fees Not to Exceed

	Psychologist, MD*	LCS W	LCPC	LAC
Consultation (phone or in pers	son)			
Per 15 minutes	31.25	18.75	18.75	18.75
6				
Screening Per hour	125.00	75.00	75.00	
Examination for diagnosti				
Screening/2hr (e.g. CPT 90		150.00	150.00	
Document review/hr	125.00	75.00	75.00	
Analysis/Conclusion/rep				forms
compiling files, archiving files, w			Management (e.g.,	IPC W/
attorneys, TPC w/ examinees, col		,		
	125.00	75.00	75.00	
Specify if diagnostic tool is				
Personally Admir	nistered/ hr [e.g. CPT 9610			
	125.00	75.00		
Computer general	ted/ Flat Fee [e.g. CPT 96	103]		
	30.00	30.00		
CD specific examination (see Attacl	nment F)			
Screening/2hr (e.g. 90801)	250.00	150.00	150.00	150.00
Additional Document revie				150.00
radicional Bocament levie	125.00	75.00	75.00	75.00
Other assessments/hr	(If additional testing is		73.00	75.00
other assessments in	125.00	75.00	75.00	75.00
Computer general	ted/ Flat Fee [e.g. CPT 96		75.00	75.00
Computer general	30.00	30.00	30.00	
Full CD evaluation	300.00	300.00	300.00	300.00
Specialized Examination (Competer			200.00	200.00
For Screening/2hr	250.00			
Document review/hr	125.00			
Specify evaluative tool used				
	istered/hr [e.g. CPT 9610]	96116 961181		
1 visonum y wummi	125.00			
Computer generat	ted/flat fee [e.g. CPT 9610	03. 961001		
Series	30.00			
Analysis/Conclusion/hr	125.00			

## Travel

Travel will be calculated at State Rate for all disciplines.

Currently 48.5/mile (effective January 01, 2007)

Miles calculated via State site <a href="http://www.mdt.mt.gov/travinfo/scripts/citydist.pl">http://www.mdt.mt.gov/travinfo/scripts/citydist.pl</a>

Overnight lodging and per diem per State Rate

Travel time will be calculated at 50% of the hourly rate.

## Court Testimony\*\*

To be discussed with the Regional Deputy Public Defender.

Expert Record of Billing form is to be used (please see attachment H).

<sup>\*</sup>APRN paid at 90% that of Ph.D./MD rate